

**Child Care And Development Fund Scholarship
CHILD CARE PROVIDER AGREEMENT
Licensed Child Care**

of	Name of Provider
Street Address	City, State and Zip

agrees to participate in the New Hampshire Child Care Development Fund (CCDF) Scholarship Program and comply with all the requirements set forth in this agreement.

I understand that failure to comply is grounds for termination of participation in the CCDF Scholarship Program and for possible further action by Department of Health and Human Services (DHHS).

I agree to comply with all the laws, rules, policies and procedures, including enrollment requirements and billing directions, regarding CCDF.

I agree to bill only for child care services provided in compliance with this agreement.

I agree to bill only for the time the child was in attendance except for the following limited conditions. Absentee days will be paid only for children in a TANF household when the following conditions are met:

1. the child's absence was due to medical reasons or family emergency as stated by the child's parents or legal guardian;
2. the child care facility was open for business during the time the absence was claimed;
3. the child was scheduled to attend on the day the absence was claimed; and,
4. such absences are limited to 10 days in a six-month period.

I agree to bill DHHS weekly for services provided in the previous week on the state prescribed billing form or on the automated billing system. In any case, I agree that any bill for services submitted to DHHS more than 90 days after the services have been provided will not be paid.

I agree that by submitting a bill to DHHS for services provided, I am certifying that the bill is true and accurate. I understand that any payment made for inaccurate or fraudulent billing will be recovered.

I agree that if I choose to submit invoices through the automated billing method (web) DHHS will assign a Personal Identification Number (PIN) to me. I understand that I am responsible for all invoices submitted to DHHS using the PIN and that this PIN is non-transferable.

I agree that I will not sign or submit the child care payment request invoices until *after* the services have been provided. I further agree that I will not have the parent sign the child care payment request invoices until *after* the services have been rendered.

I agree to keep all information concerning children and their families confidential except as otherwise allowed by law.

I agree to keep daily attendance records, which include start and stop time and parent's signature, and other records related to billing for a period of *seven years*. I agree to provide all such records and information related to billing and/or services provided to DHHS or its agents as requested.

I agree to bill the parent co-pay as the difference between the actual amount charged and the amount that DHHS pays.

I agree to maintain current licenses, permits, certifications, and other documentation as required by applicable state and federal laws.

I agree to comply with all federal and state laws and regulations including, but not limited to, civil rights, equal opportunity, and non-discrimination.

I agree that I am responsible for the payment of all required federal and state taxes accrued. DHHS will issue a Form 1099 in January of each year if more that \$600.00 has been paid.

I understand that I may be terminated from participation in CCDF for failure to comply with this agreement or DHHS rules relating to child care assistance. Additionally, I understand that this agreement may be terminated by either party without cause following 30 days written notification by registered mail. This agreement may be terminated without advance notice if the provider has not billed in over one year, a child's health or safety is endangered or if the provider is determined to have fraudulently billed DHHS.

Any provider that has a founded fraudulent claim against them will be disqualified from participating in the Child Care and Development Fund Scholarship program for a period of 5 years and may impact your status as a licensed program.

This agreement becomes effective upon the date of signature of the authorized agent of the child care agency.

Name of Authorized Agent

Name of Child Care Agency

Signature

Date

Return this signed form to the Child Development Bureau and keep a copy for your records

Instructions for Licensed Child Care Provider Agreement

PURPOSE:

All licensed child care providers enrolled through the Department of Health & Human Services to receive payments for providing child care through Child Care and Development Fund Scholarships must date and sign the agreement upon enrollment.

INSTRUCTIONS:

Form 2632 is a two page form completed by the licensed child care provider. The completed form is forwarded to the Child Development Bureau, DCYF.

The Child Development Bureau will return forms that have missing or incomplete information.

The Child Development Bureau will retain a copy of the completed form in the providers file.

FORM COMPLETION:

Enter the full legal name and address of the child care provider on page 1.

Read the entire document and if you have any questions contact the Bureau of Child Development.

Sign and date the form. Enter the printed name and signature of the authorized agent on the bottom of page 2.

Photocopy and keep a copy for your records.

RETENTION:

Form 2632 is retained permanently in the providers file.